1173390

OMB Number: 3235-0076 Expires:

August 31, 2008 Estimated average burden hours per response: 16.00

OMB APPROVAL

SEC Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

AUG 14 2008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix	Serial						
	1						
	DATE R	ECEIVED					

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs Global Fundamental Strategies, LLC: Units of Limited Liability Company Interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ ULOE	
Type of Filing: ☐ New Filing ☑ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)	
Goldman Sachs Global Fundamental Strategies, LLC 08058191	
Address of Executive Offices (Number and Street, City, State, Zip Code)	
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 (212) 902-1000	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)	
(if different from Executive Offices) PROCESSED	
Brief Description of Business	
To operate as a private investment fund. AUG 2 6 2008	
THE MENT OF THE PERSON DELITEDS	
Type of Business Organization THOMSON REUTERS	
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):	
□ business trust □ limited partnership, to be formed □ Limited Liability Company	
. Month Year	
Actual or Estimated Date of Incorporation or Organization: 1 1 1	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	
State: CN for Canada; FN for other foreign jurisdiction) D E	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA									
2. Enter the information requested for the following:									
* Each promoter of the issuer, if the issuer has been organized within the past five years;									
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
* Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Managing Member)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Princeton Fund, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual) Goldman Sachs Hedge Fund Partners, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Citco SGHB as Custodian for Goldman Sachs Hedge Fund Partners Plus, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner									
Full Name (Last name first, if individual)									
Goldman Sachs Hedge Fund Partners II, LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Asali, Omar									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer's Managing Member Managing Partner									
Full Name (Last name first, if individual)									
Barbetta, Jennifer .									
Business or Residence Address (Number and Street, City, State, Zip Code)									
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004									
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)									

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director* ☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner *of the Issuer's Managing Member Full Name (Last name first, if individual) Ort, Peter Business or Residence Address (Number and Street, City, State, Zip Code) c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004 Beneficial Owner □ Executive Officer □ Director □ Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

				B. IN	FORMAT	TON ABO	OUT OFF	ERING				
			•								Yes	No
1. Has the	e issuer solo	d, or does th	ne issuer inte									
			A	Answer also	in Append	ix, Column	2, if filing	under ULOI	Ξ.			
2. What is the minimum investment that will be accepted from any individual?								\$1,000,000*				
			Issuer, in i t ownership								Yes ☑	No
commi If a pe or state	ission or sin rson to be li es, list the n	nilar remun isted is an a same of the	sted for eac eration for s ssociated po broker or d et forth the	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conne ker or dealer e (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or w	offering. ith a state		
Full Name	(Last name	first, if ind	lividual)									
	Sachs & C		Number and	Street, Cit	y, State, Zir	Code)						
85 Broad	Street, Nev	v York, Ne	w York 100	004								
Name of A	Associated E	roker or De	ealer									
			s Solicited									1.6
			lividual Stat	-								I States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [MA]	(FL) [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
(MT)	[NE]	[NV]	[NH]	[NJ]	[NM]	[ME]	[NC]	[ND]	[MI] [OH]	[OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name			()	[4.]	[, -]			L1	[]	[]	[]
			,									
Business o	r Residence	Address (1	Number and	Street, Cit	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer			· · · · · · · · ·						
			s Solicited									States
[AL]	[AK]			-				(DC)	rei 1	(CA)		
[IL]	[IN]	(AZ) [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[.E] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(Last name									. ,		
Business o	r Residence	: Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	roker or De	ealer									
			s Solicited (,	All States
` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[D1]	נפכיו	(cn)	[TNI]	[TV]	fr iTT	[MT]	[VA]	[33/A]	f3V3/3	F33/13	rwy)	[DD]

[TN] [TX] [UT] [VT] [VA] [WA] [WV]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity (Shares)	s –	0	\$	0
	□ Common □ Preferred		-		
	Convertible Securities (including warrants)	\$_	0	\$	0
	Partnership Interests	\$_	0	\$	0
	Other (Specify: Units of Limited Liability Company Interests)	\$	891,380,488	\$	891,380,488
	Total	\$	891,380,488		891,380,488
	Answer also in Appendix, Column 3, if filing under ULOE.		,		, ,
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	223	\$	891,380,488
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505		N/A	\$	
	Regulation A	_	N/A	\$	N/A
	Rule 504	-	N/A	\$	N/A
	Total	-	N/A	\$ \$	N/A
tł tł	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-	N/A	Ψ,	IVA
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees			\$	264,040
	Accounting Fees		\square	\$	20,000
	Engineering Fees		_□	\$	0
	Sales Commissions (specify finders' fees separately)		0	\$	0
	Other Expenses (identify)		-	\$	0
	Total		Ø	\$	284,040
				_	·

	C. OFFERING PRICE, NUMBER O)F INVESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."							891,096,448
5.	Indicate below the amount of the adjusted gross proceed to be used for each of the purposes shown. If the amoun furnish an estimate and check the box to the left of payments listed must equal the adjusted gross proceeds to Part C - Question 4.b. above.	nt for any purpose is not k the estimate. The total	known of th	1, ie				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees			\$_	0		\$_	0
	Purchase of real estate			\$_	0		\$_	0
	Purchase, rental or leasing and installation of machinery a	and equipment		\$_	0		\$_	0
	Construction or leasing of plant buildings and facilities			\$	0		\$_	0
	Acquisition of other businesses (including the value of sthis offering that may be used in exchange for the as another issuer pursuant to a merger)	issets or securities of		\$	0	-	\$	0
	Repayment of indebtedness			` _ \$	0	 	s –	0
	Working capital			\$ - \$	0	- ~	\$ \$	0
	Other (specify): Investment Capital			* - \$	0	- Z	\$_ \$	891,096,448
	Column Totals			\$ _	0	- 2	\$_	891,096,448
	Total Payments Listed (column totals added)	891,096,448						
	D. F	EDERAL SIGNATUR	RE					
fc	The issuer has duly caused this notice to be signed by the ollowing signature constitutes an undertaking by the issuer f its staff, the information furnished by the issuer to any nor	r to furnish to the U.S. Se	curiti	es an	d Exchange Comp	nission.	upon	
lssu	uer (Print or Type) Signature				Date	·• -		
	ldman Sachs Global Fundamental ategies, LLC	10 m			August <u>13</u> , 200	8		
Nar	me of Signer (Print or Type) Title of Sign	ner (Print or Type)						
Kat	thryn Pruess Vice Preside	ent of the Issuer's Manag	ging N	Meml	er			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

